



Congressman Dennis A. Ross

Internship Application

Name:

Address: (Home) _____

(School) _____

Telephone: (home) _____ (School) _____

Email Address: _____

Name of College/University: _____

Year in School: _____

Will you be receiving academic credit for your internship? YES ___ NO ___

Name of supervising professor: _____

Telephone number of supervising professor: _____

References:

(1) Name: _____

Relationship: _____

Telephone: (Home) _____ (Work) _____

(2) Name: _____

Relationship: _____

Telephone: (Home) _____ (Work) _____

What do you wish to gain from your experience as a congressional intern?

What current issues interest you most?

- 1) _____
- 2) _____
- 3) _____

Are you willing to take an unpaid internship? YES _____ NO _____

What dates are you available to serve as a congressional intern?

1st choice: _____

2nd choice: _____

**PLEASE MAIL OR FAX THIS APPLICATION ALONG WITH
YOUR RESUME TO MY OFFICE:**

Congressman Dennis A. Ross
Attention: Kristin Collis
170 Fitzgerald Rd. Suite 1
Lakeland, FL 33813

Phone: (863)644-8215
Fax: (863) 648-0749